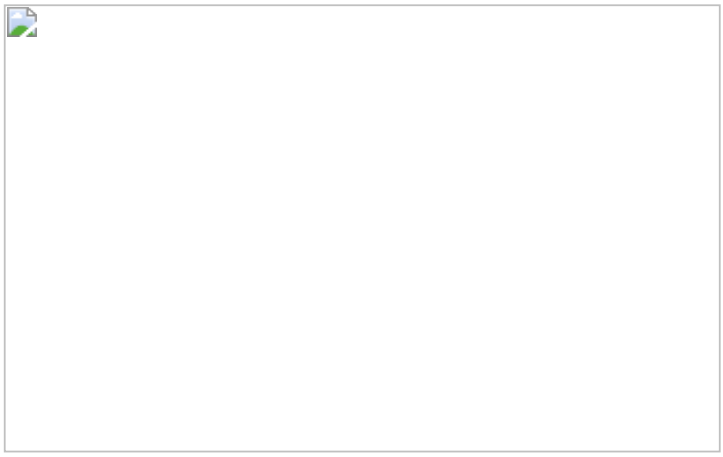
Patient details

Date	:	21-Nov-2024 / 7:30AM - 7:45AM
Doctor	:	AHSAN HUSSAIN(General)
Reg # / Patient Name	:	44956 / BABU RAJAN SHAIK SAJAN
Mobile #	:	0502352248
Gender / DOB/Age	:	Male / 10-Jan-2000
Nationality	:	Indian
Insurance / Card#	:	KHAT AL HAYA MANAGEMENT OF HEALTH INSURANCE CLAIMS LLC / LW703646
EMID #	:	784-2000-3332720-4



Medical Record details

Complaints

Complaints

PC: FEVER 19/11/2024

BODY PAIN

STOMACH PAIN 1 DAY BEFORE

Vital Signs

Temperature	: 36.4	**BPS**	: 70	**BPD**	:	**Pulse**	: 75	**Height**	: 166 cm	**Weight**	: 53 kg
BMI	: 19.23356 bpm	**Respiratory**	: 16 bpm	**SpO2**	: 97%	**Hip**	: cm	**Waist**	: cm		
Head Circumference		:	cm								
Urinalysis (Protein & Glucose)		:									
Notes	: risk of fall										

Diagnosis

Date	Doctor	ICD Code	Diagnosis	Notes
21-Nov-2024	AHSAN HUSSAIN	K21.9	Gastro-esophageal reflux disease without esophagitis	
21-Nov-2024	AHSAN HUSSAIN	M54.5	Low back pain	
21-Nov-2024	AHSAN HUSSAIN	J20.9	Acute bronchitis, unspecified	
21-Nov-2024	AHSAN HUSSAIN	J00	Acute nasopharyngitis [common cold]	
21-Nov-2024	AHSAN HUSSAIN	J06.9	Acute upper respiratory infection, unspecified	

Prescription

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
ARTIZ / (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS CETIRIZINE HCL [10 MG] / FILM COATED TABLETS (10S, BLISTER PACK) / Tablets	Take 1Tablets 1 Time(s) per Day	7	7	

Generic/Dose/Form	Instructions	Duration	Quantity	Refill
	For 7 Day(s) others			
FLUTAB / (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS DIPHENHYDRAMINE/PARACETAMOL/PSEUDOEPHEDRINE [25 MG|500 MG|30 MG] / FILM COATED TABLETS (20S, BLISTER PACK) / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) others	7	14	
AUGMENTIN 1G / (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS CLAVULANIC ACID/AMOXICILLIN [125 MG|875 MG] / TABLETS (14S, BLISTER PACK) / Tablets	Take 1Tablets 2Time(s) perDay For 7 Day(s) after meal	7	14	
SINECOD / (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V SYRUP ORAL / SYRUP (200ML, BOTTLE / Tablets	Take 1Syrup 2 Time(s) per Day For 7 Day(s) after meal	7	1	
ZYNEX 20 / (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN ORAL / CAPSULES (HARD GELATIN (14S, BLISTER / Tablets	Take 1Tablets 2 Time(s) per Day For 7 Day(s) before meal	7	14	

Doctor Signature & Stamp :